



Paul J. Diodati
Director

Commonwealth of Massachusetts

Division of Marine Fisheries

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Volunteer Diver Information

Name: _____ Telephone Number: _____

Address: _____

City, State, and Zip Code: _____

Fax Number: _____ E-mail: _____

Cell Phone Number (if available): _____ Age (must be over 18) _____

Dive Club Affiliation (if applicable): _____

Training – Diving Courses Completed

Agency	Certification Level	Date of Completion	Instructor Name and Number
	Open water (Basic)		

Related Training – (Medical, Boating, Scientific Diving, etc.)

Certification Type/Level	Agency	Date of Completion	Current Status

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Diving Experience **Estimated from memory []** **Calculated from logs []**

Number of Years Diving:	Total Dives:	Total Hours:
Number of dives in last 24 mos	No.Dives in Last 12 mos	No. Dives in Last 6 mos
Maximum Depth (Career):	Maximum Depth (last 12 months):	
Number of dives by depth: 0 - 40 feet:_____ 41 - 70 feet:_____ 71 - 100 feet:_____		
101 - 130 feet:_____ > 130 feet:_____.		

Special Qualifications and/or Training:

Do you have any medical conditions that may impact your ability to dive in any way? If yes, please describe (please elaborate as needed on either the back of this form or by attaching sheets):

Emergency Contact Information (Person to notify in case of emergency)

Name:	Home Phone:
Relationship:	Work or Cell Phone:

I certify that the above information is correct and that I am in good health unless otherwise noted.

Signature

Date